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			Application Number	10/814,314		
TRANSMITTAL			Filing Date	March 31, 2004		
	FORM		First Named Inventor	Richard M. Pepe		
			Art Unit	3679		
	(to be used for all correspondence after initi	al filing)	Examiner Name	David Bochna		
	Total Number of Pages in This Submission	9	Attorney Docket Number	352-155		
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	ENCLOSURES (Check all that apply)								
\	Fee Transmittal Form	Drawing(s)		After A	Allowance Communication to TC				
	Fee Attached	Licensing-related Papers			nt Communication to Board peals and Interferences				
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocati Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C	Address	(Appea					
	Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks							
		ATURE OF APPLICANT, ATTO	DRNEY, OF	RAGENT					
Firm Na		e IBM Plaza, Chicago, IL 60611							
Signatu	ire Kaliffanl								
Printed	name Robert V. ambor								
Date	March 29, 2005		Reg. No.	23,080					
	CERTIFICATE OF TRANSMISSION/MAILING								
sufficie the dat	nt postage as first class mail in an en e shown below:	being facsimile transmitted to the USP nvelope addressed to: Commissioner for	TO or deposit or Patents, P.	ed with the Un O. Box 1450, A	ited States Postal Service with Alexandria, VA 22313-1450 on				
Signatu	ure X na	e Klen							
Typed	or printed name Loraine Perry	18	•	Date	March 29, 2005				

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL For FY 2005

	Applicant	claims	small	entity	status.	See	37	CFR	1.27
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TOTAL AMOUNT OF PAYMENT (

\$)	450.00

Complete if Known							
Application Number	10/814,314						
Filing Date	March 31, 2004						
First Named Inventor	Richard M. Pepe						
Examiner Name	David Bochna						
Art Unit	3679						
Attorney Docket No.	352-155						

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METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account	Deposit Account Deposit Account Number: 10-0460 Deposit Account Name: Jenner & Block										
For the above-ident	tified deposit	account, the D	irector is hereb	y authorized to	o: (check all th	nat apply)					
✓ Charge fee(s) indicated b	elow		Char	ge fee(s) indic	cated below, e	xcept for the filing fee				
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
FEE CALCULATION											
1. BASIC FILING, SEA			ON FEES								
	FILING	FEES Small Entity	SEARC	H FEES Small Entity		TION FEES					
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)				
Utility	300	150	500	250	200	100	-				
Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300					
Provisional	200	100	0	0	0	0					
2. EXCESS CLAIM FE Fee Description	ES					Fee (\$)	Small Entity Fee (\$)				

ree Description				1 66 (4)	ree (\$)
Each claim over	20 (including Reissu	50	25		
Each independen	t claim over 3 (inclu	200	100		
Multiple depende	ent claims			360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Der	endent Claims
15 20 or H	IP = <u>0</u> x	50.00=	=0.00	Fee (\$)	Fee Paid (\$)
HP = highest number o	f total claims paid for, if gre	eater than 20.			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		

200.00 =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

- 3 or HP =

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Extra Sheets Number of each additional 50 or fraction thereof **Total Sheets**

(round up to a whole number) x

Fee Paid (\$)

4. OTHER FEE(S)

Signature

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension of Time (2 months)

450.00

Fees Paid (\$)

SUBMITTED BY

Registration No. 23,080 (Attorney/Agent)

Telephone (312) 923-2814

Date March 29, 2005 Name (Print/Type) Robert V. Jampo

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

04/01/2005 WASFAW1